

UTAH JUVENILE FIRE SETTER INCIDENT REPORTING SYSTEM

Fire Department _____ FDID# _____ Date _____

Referred by: *FD, Parent, School, Other, specify* _____

Form Completed by _____ Date Referred to you _____

Incident # _____ Fire# _____ Police# _____ JFS# _____

Date of Incident _____ Day of Week _____ Time of Day _____

Address of Incident _____

Type of Location: *Own Residence, Own Yard, Other Residence, Other Yard, School, Church, Shed (Barn), Field (Wildland), Other Building, specify* _____ *Other, specify* _____

Type of situation found: *Structure, Outside of Structure, Vehicle, Trees, Brush, Grass, Trash, Rubbish*
Other specify: _____ The home is: *Rented / Owned* Area of fire origin: _____

! If incident occurred at home, were the parents home? *Yes / No* ! Was the child home alone? *Yes / No*

! Was another child involved? *Yes / No* ! If yes, who _____

Ignition Source: *Match, Lighter, Stove, Fireplace, other specify* _____

Injuries: _____ # of civilians _____ # of firefighters Deaths: _____ # of civilians _____ # of firefighters

Dollar Loss: Structure _____ Contents _____ Outside _____ Other _____

! Was there a smoke detector present? *Yes / No / Don't know / Not applicable*

! If yes, did it operate and notify occupants? *Yes / No / Don't know*

Juvenile Last Name: _____ First Name: _____ M.I. _____ SSN # _____

Sex: *Male / Female* Date of Birth ____/____/____ Age: _____ Birth order of child: _____

of siblings: _____ Race: *White, Black, American Indian, Hispanic, Asian, Other, specify* _____

School: _____ Grade: _____

Home Address: _____ City _____ State _____

Zip _____ County _____ Apartment # _____ Phone: () _____

! Whom does child live with? *Both Parents, Mother only, Father only, Other, specify* _____

Female Guardian: Last Name: _____ First: _____ Phone #: _____

Smoke: *Yes / No* Employed: *Yes / No* Work Phone#: _____

Male Guardian: Last Name: _____ First: _____ Phone #: _____

Smoke: *Yes / No* Employed: *Yes / No* Work Phone#: _____

! Did you evaluate the child? *Yes / No* ! If yes, did you assign the risk level to the child? *Yes / No*

! If yes, what was the risk score? *Not assigned, Little concern, Some concern, Definite concern, Extreme concern*

! Outcome of the evaluation? ! Education *Yes / No*, ! Education in conjunction with interview *Yes / No*

! Video *Yes / No*, ! Other, *specify* _____

! Did you refer the child to another agency? *Yes / No* ! If Yes, What agency _____

! Date referred: ____/____/____ ! Counseling Date: ____/____/____ ! Follow-up Date: ____/____/____

! Has child been in program before? *Yes / No / Don't Know* ! Is the child on medication? *Yes / No / Don't Know*

! Type of medication: _____

! Is child hyperactive? *Yes / No / Don't Know* ! Any recent changes in family structure? *Yes / No / Don't Know*

! Has child been under stress in the past 6 months? *Yes / No / Don't Know*. ! Does child have physical ailment?

Yes / No / Don't Know. ! Was the fire set when the child was with a group? *Yes / No / Don't Know*. ! Was this

fire *his / her* first fire? *Yes / No / Don't Know* ! If no, Number of previous fires _____

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